



|  |  |     |
|--|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN              |     |
|  | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN                              |     |
|  | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>                                   | 243 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 152 |
|  | <b>6a(2)</b>                               | 148 |
|  | <b>6b</b>                                  | 91  |
|  | <b>6c</b>                                  |     |
|  | <b>6d</b>                                  | 239 |
|  | <b>6e</b>                                  |     |
|  | <b>6f</b>                                  | 239 |
|  | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>   |  |     |
| <b>6h</b>  |  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  | <b>7</b>                                   | 86  |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4B 4D 4E

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                                |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                              |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  3  </u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                         |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                              |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                                 |

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

|  |  |  |
|--|--|--|
| <b>A</b> Name of plan<br><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE FUND</b>                                      |  | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE F</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>11-2504726</b> |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DENTCARE DELIVERY SYSTEMS INC**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>11-2480692</b> | <b>47112</b>         | <b>GG-054</b>                                | <b>8</b>   | <b>07/01/2023</b>              | <b>06/30/2024</b> |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits ..... **7c(2)**  
 (3) Interest credited during the year ..... **7c(3)**  
 (4) Transferred from separate account..... **7c(4)**  
 (5) Other (specify below) ..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:  
 (1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier ..... **7e(2)**  
 (3) Transferred to separate account..... **7e(3)**  
 (4) Other (specify below) ..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶

**9** Experience-rated contracts:

|  |                 |                 |
|--|-----------------|-----------------|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    |                 |
| (2) Increase (decrease) in amount due but unpaid.....  | <b>9a(2)</b>    |                 |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |
| (4) Earned ((1) + (2) - (3)).....  |                 | <b>9a(4)</b>    |
| <b>b</b> Benefit charges (1) Claims paid.....  | <b>9b(1)</b>    |                 |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |
| (3) Incurred claims (add (1) and (2)).....   |                 | <b>9b(3)</b>    |
| (4) Claims charged .....   |                 | <b>9b(4)</b>    |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |
| (A) Commissions .....  | <b>9c(1)(A)</b> |                 |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |
| (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |
| (E) Taxes .....  | <b>9c(1)(E)</b> |                 |
| (F) Charges for risks or other contingencies.....  | <b>9c(1)(F)</b> |                 |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |
| (H) Total retention .....  |                 | <b>9c(1)(H)</b> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |
| (2) Claim reserves .....   |                 | <b>9d(2)</b>    |
| (3) Other reserves.....  |                 | <b>9d(3)</b>    |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|   |            |      |
|---|------------|------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 3827 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |      |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

|  |  |  |
|--|--|--|
| <b>A</b> Name of plan<br><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE FUND</b>                                      |  | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE F</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>11-2504726</b> |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

**EMBLEM HEALTH**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>11-2672380</b> | <b>55247</b>         | <b>1102839-000</b>                           | <b>175</b>   | <b>07/01/2023</b>              | <b>06/30/2024</b> |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

|  |           |  |
|--|-----------|--|
| <b>a</b> State the basis of premium rates ▶  |           |  |
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....   | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |
| <b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶         |           |  |
| <b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>   |           |  |

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

|  |              |  |
|--|--------------|--|
| <b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |              |  |
| <b>b</b> Balance at the end of the previous year .....   | <b>7b</b>    |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....  | <b>7c(1)</b> |  |
|  | <b>7c(2)</b> |  |
|  | <b>7c(3)</b> |  |
|  | <b>7c(4)</b> |  |
|  | <b>7c(5)</b> |  |
|  | <b>7c(6)</b> |  |
| (6) Total additions .....  | <b>7c(6)</b> |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b>    |  |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> |  |
|  | <b>7e(2)</b> |  |
|  | <b>7e(3)</b> |  |
|  | <b>7e(4)</b> |  |
|  | <b>7e(5)</b> |  |
| (5) Total deductions .....   | <b>7e(5)</b> |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....  | <b>7f</b>    |  |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |
|----------|--|-----------------|-----------------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
|          | (2) Increase (decrease) in amount due but unpaid.....  | <b>9a(2)</b>    |                 |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |
|          | (4) Earned ((1) + (2) - (3)).....  |                 | <b>9a(4)</b>    |
| <b>b</b> | Benefit charges (1) Claims paid.....   | <b>9b(1)</b>    |                 |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |
|          | (3) Incurred claims (add (1) and (2)).....   |                 | <b>9b(3)</b>    |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |
|          | (F) Charges for risks or other contingencies.....  | <b>9c(1)(F)</b> |                 |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |
|          | (3) Other reserves.....  |                 | <b>9d(3)</b>    |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|          |  |            |         |
|----------|--|------------|---------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 2296170 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |         |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE FUND</b></p>                                      | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE F</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2504726</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**GUARDIAN**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-5123390 | 64246         | 00375422                              | 148   | 07/01/2023              | 06/30/2024 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|  |   |
|--|---|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>190</b></p> | <p><b>(b)</b> Total amount of fees paid</p> |
|--|---|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

**WORLD INSURANCE ASSOCIATES LLC** **656 SHREWSBURY AVE**  
**SUITE 200**  
**TINTON FALLS, NJ 07701**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             | 3                     |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

|  |           |  |
|--|-----------|--|
| <b>a</b> State the basis of premium rates ▶  |           |  |
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....   | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |
| <b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶         |           |  |
| <b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>   |           |  |

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

|  |              |  |
|--|--------------|--|
| <b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |              |  |
| <b>b</b> Balance at the end of the previous year .....   | <b>7b</b>    |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....  | <b>7c(1)</b> |  |
|  | <b>7c(2)</b> |  |
|  | <b>7c(3)</b> |  |
|  | <b>7c(4)</b> |  |
|  | <b>7c(5)</b> |  |
|  | <b>7c(6)</b> |  |
| (6) Total additions .....  | <b>7c(6)</b> |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b>    |  |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> |  |
|  | <b>7e(2)</b> |  |
|  | <b>7e(3)</b> |  |
|  | <b>7e(4)</b> |  |
|  | <b>7e(5)</b> |  |
| (5) Total deductions .....   | <b>7e(5)</b> |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....  | <b>7f</b>    |  |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |   |                 |                 |
|----------|---|-----------------|-----------------|
| <b>a</b> | Premiums: (1) Amount received .....   | <b>9a(1)</b>    |                 |
|          | (2) Increase (decrease) in amount due but unpaid.....   | <b>9a(2)</b>    |                 |
|          | (3) Increase (decrease) in unearned premium reserve .....   | <b>9a(3)</b>    |                 |
|          | (4) Earned ((1) + (2) - (3)).....   |                 | <b>9a(4)</b>    |
| <b>b</b> | Benefit charges (1) Claims paid.....  | <b>9b(1)</b>    |                 |
|          | (2) Increase (decrease) in claim reserves .....   | <b>9b(2)</b>    |                 |
|          | (3) Incurred claims (add (1) and (2)).....  |                 | <b>9b(3)</b>    |
|          | (4) Claims charged .....  |                 | <b>9b(4)</b>    |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |
|          | (A) Commissions .....   | <b>9c(1)(A)</b> |                 |
|          | (B) Administrative service or other fees .....  | <b>9c(1)(B)</b> |                 |
|          | (C) Other specific acquisition costs .....  | <b>9c(1)(C)</b> |                 |
|          | (D) Other expenses .....  | <b>9c(1)(D)</b> |                 |
|          | (E) Taxes .....   | <b>9c(1)(E)</b> |                 |
|          | (F) Charges for risks or other contingencies.....   | <b>9c(1)(F)</b> |                 |
|          | (G) Other retention charges.....  | <b>9c(1)(G)</b> |                 |
|          | (H) Total retention .....   |                 | <b>9c(1)(H)</b> |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....  |                 | <b>9d(1)</b>    |
|          | (2) Claim reserves .....  |                 | <b>9d(2)</b>    |
|          | (3) Other reserves.....   |                 | <b>9d(3)</b>    |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|          |  |            |     |
|----------|--|------------|-----|
| <b>a</b> | Total premiums or subscription charges paid to carrier.....  | <b>10a</b> | 192 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |     |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE FUND</b>                                      | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE F</b> | <b>D</b> Employer Identification Number (EIN)<br><b>11-2504726</b> |            |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ARCHER, BYINGTON, GLENNON & LEVINE

ONE HUNTINGTON QUADRANGLE  
SUITE 4C10  
MELVILLE, NY 11747

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | LEGAL COUNSEL   | 12000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

ADMINISTRATIVE SERVICES ONLY INC

PO BOX 9005  
LYNBROOK, NY 11563

11-2995970

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13                     | CLAIMS PROCESSOR  | 7290   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

SEGAL CONSULTING

333 W 34TH STREET  
NEW YORK, NY 10001

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11                     | ACTUARIES   | 5152   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CSA WELFARE FUND

40 RECTOR STREET  
NEW YORK, NY 10006

13-6203811

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13                     | ADMINISTRATOR   |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

SATTY, LEVINE & CIACCO, CPAS, PC

534 BROADHOLLOW ROAD  
SUITE 300  
MELVILLE, NY 11747

11-2370855

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | AUDITORS  | 27850  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |  |            |
|--|--|--|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>                                       |  |  |            |
| <b>A</b> Name of plan<br><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE FUND</b>                                      | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><b>501</b></td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>B</b> Three-digit plan number (PN) ▶  | <b>501</b>   |  |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DAY CARE COUNCIL - COUNCIL OF SUPERVISORS AND ADMINISTRATORS WELFARE F</b> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>D</b> Employer Identification Number (EIN)<br/><b>11-2504726</b></td> </tr> </table>                                | <b>D</b> Employer Identification Number (EIN)<br><b>11-2504726</b> |            |
| <b>D</b> Employer Identification Number (EIN)<br><b>11-2504726</b>   |  |  |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 532962                | 487434          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 82043                 | 24403           |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 3051                  | 2483            |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 10240                 | 29045           |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 147863                | 188712          |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1090218               | 847647          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities .....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property .....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 1866377                      | 1579724                |
| <b>Liabilities</b>  |              |                              |                        |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 392236                       | 23805                  |
| <b>h</b> Operating payables .....   | <b>1h</b>    | 110132                       | 128115                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities .....  | <b>1j</b>    |                              |                        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 502368                       | 151920                 |
| <b>Net Assets</b>   |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 1364009                      | 1427804                |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 1844117           |                  |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> | 598801            |                  |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |                   | 2442918          |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   |                  |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 32230             |                  |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 32230            |
| <b>(2) Dividends:</b>  |                 |                   |                  |
| <b>(A)</b> Preferred stock .....   | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> | 2236              |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 11934             |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 14170            |
| (3) Rents .....  | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds .....  | <b>2b(4)(A)</b> | 309692            |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> | 305989            |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |                   | 3703             |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |                   |                  |
| <b>(A)</b> Real estate .....   | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> | 92905             |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|  |               | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | <b>2b(10)</b> |            | -43826    |
| <b>c</b> Other income.....   | <b>2c</b>     |            | 31669     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....        | <b>2d</b>     |            | 2573769   |

**Expenses**

|  |               |         |         |
|--|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 79370   |         |
| (2) To insurance carriers for the provision of benefits.....                               | <b>2e(2)</b>  | 2352566 |         |
| (3) Other.....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 2431936 |
| <b>f</b> Corrective distributions (see instructions).....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense.....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:  |               |         |         |
| (1) Salaries and allowances.....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees.....   | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees.....  | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees.....   | <b>2i(4)</b>  | 27850   |         |
| (5) Investment advisory and investment management fees.....                                | <b>2i(5)</b>  | 1688    |         |
| (6) Bank or trust company trustee/custodial fees.....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees.....  | <b>2i(7)</b>  | 5152    |         |
| (8) Legal fees.....  | <b>2i(8)</b>  | 12000   |         |
| (9) Valuation/appraisal fees.....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses.....  | <b>2i(10)</b> |         |         |
| (11) Other expenses.....   | <b>2i(11)</b> | 31348   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 78038   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 2509974 |

**Net Income and Reconciliation**

|   |              |  |       |
|---|--------------|--|-------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 63795 |
| <b>l</b> Transfers of assets:   |              |  |       |
| (1) To this plan.....   | <b>2l(1)</b> |  |       |
| (2) From this plan.....   | <b>2l(2)</b> |  |       |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **SATTY LEVINE & CIACCO CPAS PC**

(2) EIN: **11-2370855**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|   | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....   | X   |    | 750000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....   |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   | X   |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....  | X   |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**DAY CARE COUNCIL/COUNCIL OF  
SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

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## INDEPENDENT AUDITORS' REPORT

To the Trustees of  
Day Care Council / Council of Supervisors and Administrators Welfare Fund  
New York, NY

### **Opinion**

We have audited the accompanying financial statements of Day Care Council / Council of Supervisors and Administrators Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Day Care Council / Council of Supervisors and Administrators Welfare Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Day Care Council / Council of Supervisors and Administrators Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Day Care Council / Council of Supervisors and Administrators Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or

the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Day Care Council / Council of Supervisors and Administrators Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Day Care Council / Council of Supervisors and Administrators Welfare Fund's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matters**

##### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of benefit costs, management and general expenses, and assets (held at end of year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Satty, Levine & Ciacco, CPAs, P.C.  
Melville, New York  
March 18, 2025

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
JUNE 30, 2024 AND 2023**

|   | <u>2024</u>         | <u>2023</u>         |
|---|---------------------|---------------------|
| <b>Assets</b>   |                     |                     |
| <b>Investments, at fair value</b>                       |                     |                     |
| Mutual funds - bonds                                    | \$ 670,500          | \$ 933,855          |
| Mutual funds - stocks                                   | 177,147             | 156,363             |
| Common stocks   | 188,712             | 147,863             |
| Money market funds                                      | 29,045              | 10,240              |
| Total investments at fair value                         | <u>1,065,404</u>    | <u>1,248,321</u>    |
| <b>Receivables</b>                                      |                     |                     |
| Contributions receivable - day care centers and members | 24,403              | 82,043              |
| Accrued interest and dividends receivable               | 776                 | 1,487               |
| Total receivables                                       | <u>25,179</u>       | <u>83,530</u>       |
| Cash and cash equivalents                               | 487,434             | 532,962             |
| Other assets  | 1,707               | 1,564               |
| <b>Total assets</b>                                     | <u>1,579,724</u>    | <u>1,866,377</u>    |
| <b>Liabilities</b>                                      |                     |                     |
| Accounts payable for administrative expenses            | 27,850              | 27,850              |
| Due to CSA Welfare Fund                                 | 100,265             | 82,282              |
| <b>Total liabilities</b>                                | <u>128,115</u>      | <u>110,132</u>      |
| <b>Net assets available for benefits</b>                | <u>\$ 1,451,609</u> | <u>\$ 1,756,245</u> |

The accompanying notes are an integral part of these financial statements.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

|  | <u>2024</u>         | <u>2023</u>         |
|--|---------------------|---------------------|
| <b>ADDITIONS</b>   |                     |                     |
| <b>Contributions</b>   |                     |                     |
| Day care centers   | \$ 1,844,117        | \$ 1,790,303        |
| Active members   | 461,030             | 447,576             |
| Retiree members  | 115,500             | 124,500             |
| COBRA contributions - members                                | 22,271              | 16,137              |
| Total Contributions  | <u>2,442,918</u>    | <u>2,378,516</u>    |
| <b>Investment income</b>                                     |                     |                     |
| Net appreciation (depreciation) in fair value of investments | 51,901              | (3,227)             |
| Dividends  | 14,170              | 16,685              |
| Capital gain distributions                                   | 881                 | 3,888               |
| Interest   | 32,230              | 29,303              |
| Total investment income                                      | 99,182              | 46,649              |
| Less: Investment expenses                                    | (1,688)             | (2,375)             |
| Net investment income  | <u>97,494</u>       | <u>44,274</u>       |
| <b>Other income</b>  | <u>31,669</u>       | <u>-</u>            |
| Total additions  | <u>2,572,081</u>    | <u>2,422,790</u>    |
| <b>DEDUCTIONS</b>  |                     |                     |
| <b>Benefit costs</b>   |                     |                     |
| Premiums paid  | 2,720,997           | 2,432,172           |
| Benefits paid to members and providers                       | 79,370              | 69,564              |
| Total benefit costs  | <u>2,800,367</u>    | <u>2,501,736</u>    |
| Management and general expenses                              | <u>76,350</u>       | <u>77,584</u>       |
| <b>Total deductions</b>                                      | <u>2,876,717</u>    | <u>2,579,320</u>    |
| <b>Net (Decrease)</b>  | <u>(304,636)</u>    | <u>(156,530)</u>    |
| <b>Net assets available for benefits</b>                     |                     |                     |
| Beginning of year  | <u>1,756,245</u>    | <u>1,912,775</u>    |
| End of year  | <u>\$ 1,451,609</u> | <u>\$ 1,756,245</u> |

The accompanying notes are an integral part of these financial statements.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
STATEMENTS OF BENEFIT OBLIGATIONS  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

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|                                  | <u>2024</u>      | <u>2023</u>       |
|----------------------------------|------------------|-------------------|
| <b>BENEFIT OBLIGATIONS</b>       |                  |                   |
| Insurance premiums payable       | \$ (695)         | \$ 362,136        |
| Claims incurred but not reported | <u>24,500</u>    | <u>30,100</u>     |
| <b>Total benefit obligations</b> | <u>\$ 23,805</u> | <u>\$ 392,236</u> |

The accompanying notes are an integral part of these financial statements.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

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|   | <u>2024</u>      | <u>2023</u>       |
|---|------------------|-------------------|
| <b>CHANGE IN BENEFIT OBLIGATIONS</b>                                  |                  |                   |
| Balance at beginning of year  | \$ 392,236       | \$ 566,548        |
| Claims and premiums reported and approved for payment                 | 2,437,536        | 2,322,724         |
| Changes in actuarial assumptions for claims incurred but not reported | (5,600)          | 4,700             |
| Insurance premiums paid   | (2,720,997)      | (2,432,172)       |
| Claims paid   | (79,370)         | (69,564)          |
| <b>Balance at the end of the year</b>                                 | <u>\$ 23,805</u> | <u>\$ 392,236</u> |

The accompanying notes are an integral part of these financial statements.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

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**NOTE 1. DESCRIPTION OF FUND**

The following description of the Day Care Council/Council of Supervisors and Administrators Welfare Fund (the "Fund") provides only general information. Members should refer to the plan agreement for a complete description of the Fund's provisions.

**A. GENERAL**

The Fund was formed on August 22, 1978 under the terms of a collective bargaining agreement between the Council of Supervisors and Administrators Local 1 ("CSA"), American Federation of School Administrators and the Day Care Council of the City of New York, Inc. and the Agency for Child Development. In accordance with that agreement, the Agency for Child Development provided monies, through October 1, 2012, in the budgets of day care centers covered in the collective bargaining agreement to provide welfare fund benefits to the directors, assistant directors, and family day care coordinators that were active members of the Council of Supervisors and Administrators. Full benefits remained in effect for all active members through October 31, 2012. Fund assets are held in a voluntary employees' beneficiary association trust ("VEBA"). The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The most recent collective bargaining agreement noted above covered the period of October 1, 2012 to September 30, 2014 and was extended through agreement between the parties on February 13, 2017. This extension expired on September 30, 2020. Subsequent to year-end a new agreement was negotiated. See Note 2G. Plan Administration believes that there is no material impact to the financial statements, as existing agreement conditions are to remain in effect, and there are no changes to the benefits offered by the Fund.

**B. BENEFITS**

On August 22, 1978, the Fund began its benefit program and received its initial contributions. Depending on if the member is an active or retired member, the Fund provides the following benefits to members and/or their eligible dependents: life insurance, dental benefits, optical benefits, hearing aid benefits, prescription drug benefits, health insurance benefits, and supplemental medical benefits. The Fund also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA"). These benefits are in addition to the members' basic benefits provided by the Agency for Child Development.

Dental benefits are provided to the members and are either insured through a contract with Healthplex, Inc. and Delta Dental (in certain areas) or self-insured and administered through Self Insured Dental Services ("SIDS"). Life insurance benefits are currently insured by Guardian Life Insurance Company. Active members are provided with a reimbursement plan of up to \$100 per month per family for eligible expenses. The optical, hearing aid and supplemental medical benefits are self-insured and self-administered by the Fund.

Premiums for all insured benefits are paid from the assets of the VEBA trust. The claims for self-insured dental benefits are processed by a third-party claims processor (SIDS) under an administrative services only ("ASO") arrangement. SIDS dental benefit claims are paid directly by the Fund's VEBA trust.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

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**NOTE 1. DESCRIPTION OF FUND (continued)**

All other self-insured claims are self-administered by the Fund with claims being paid directly from the Fund's VEBA trust. Despite the Fund's utilization of third-party claims processors, ultimate responsibility for payments to providers and members (for self-insured benefits and insurance premiums) are retained by the Fund.

Retirees are offered an opportunity to be covered on a voluntary basis provided they pay a contribution at a rate determined by the Fund. Coverage for retirees is limited to dental, optical, hearing aid and supplemental medical benefits for in-hospital medical or surgical expenses. Hospital charges are not covered. Non-Medicare retirees are provided with a discount card and are eligible for reimbursement of up to \$1,500 per person for out-of-pocket prescription drug expenses. Effective October 1, 2010, coverage for children was extended to age 26 in compliance with the provisions of the Patient Protection and Affordable Care Act of 2010 ("Affordable Care Act"). Coverage for children age 26 through 29 will be made available, with member contributions set at Fund cost.

**C. TERMINATION**

Although it has not expressed any intention to do so, CSA has the right, under certain conditions, to modify the benefits provided to members at any time and to terminate the Fund subject to the provisions of ERISA. Upon termination, the assets then remaining should be subject to the applicable provisions of the Fund then in effect and should be used until exhausted to pay benefits to members in order of their entitlement.

**D. CONTRIBUTIONS**

Effective November 1, 2012, the benefit package, for active members, is only available for those members in day care centers which have agreed to have CSA represent their administrative staff with a portion of the contributions being withheld, via payroll withholdings, from these members and the remaining portion by respective day care centers. Such amounts are remitted directly to the Fund by the day care centers. Contributions for this coverage are set at the Fund's cost for Emblem Health Insurance Coverage. Currently, day care centers contribute 80% and active members 20% of the estimated cost of providing these health benefits. Contributions for retired members are currently \$100 per member per month and are withheld from the members' monthly pension by the Cultural Institutions Retirement System ("CIRS"). CIRS transmits all withholdings to the Fund at the beginning of each month.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. BASIS OF ACCOUNTING**

The accompanying financial statements have been on the accrual basis of accounting.

**B. USE OF ESTIMATES**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

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**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**C. INVESTMENT VALUATION AND INCOME RECOGNITION**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Fund administrator and Board of Trustees determine the Fund's valuation policies and procedures and reports to the Fund's Board of Trustees. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends and capital gain distributions are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Fund's gains and losses on investments bought and sold as well as held during the year.

**D. CLAIMS INCURRED BUT NOT REPORTED**

Fund obligations at June 30, 2024 and 2023 for claims incurred by active members, but not reported, are estimated by the Fund's actuary in accordance with accepted actuarial principles based on claims data provided by the Fund and the Fund's third-party claims administrators. Such estimated amounts are reported in the accompanying statements of net assets available for benefits and benefit obligations and were estimated using a "claim development", "lag" method or "trend factors", methods which are generally accepted and commonly used in actuarial practice. These amounts are paid by the Fund only if claims are submitted and approved for payment.

**E. PAYMENTS OF BENEFITS**

Premiums paid by the Fund are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when paid by third-party claims processors and presented to the Fund for reimbursement. Self-administered claims are recorded when paid by the Fund. Amounts due to claims processors, insurance providers and members, that have yet to be reimbursed by the Fund, are recorded as health claims and insurance premiums payable in the accompanying statements of net assets available for benefits.

**F. PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010**

The Affordable Care Act established the Patient Centered Outcomes Research Institute ("PCORI") to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions. The Affordable Care Act also created the Patient Centered Outcomes Research Trust Fund to financially support the PCORI. To fund the trust, Congress enacted laws which impose an annual fee on issuers of specific health insurance policies and plan sponsors of applicable self-insured health plans. The fee applies for policy years (insured plans) and plan years (self-insured plans) ending on dates falling on or between October 1, 2012, and September 30, 2029. Generally, the fee is a dollar multiplier (\$3.22 for policy or plan years ending during the 2024 fiscal year and \$3 for policy or plan years ending during the 2023 fiscal year) per person for the average number of lives covered. The dollar multiplier is indexed thereafter. Under the current rules, the fee will no longer apply to policy and plan years ending after September 30, 2029. The fee is required to be paid once a year by July 31 of the calendar year immediately following the last day of the applicable policy or plan year. Such fees were estimated to be \$1,225 and \$1,085

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

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**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

for the years ended June 30, 2024 and 2023, respectively, which are recorded in management and general expenses in the statements of changes in net assets available for benefits and benefit obligations.

**G. SUBSEQUENT EVENTS**

Fund management has evaluated subsequent events through March 18, 2025, the date that the financial statements were available to be issued.

In February of 2025, a new collective bargaining agreement was negotiated for the period October 1, 2020 through March 31, 2028, whereby the Fund is expected to receive a one-time contribution of \$1,000 per full-time employee upon ratification (prorated for part-time employees), as well as a lump-sum contribution of over \$300,000. In addition, the Fund will receive a recurring increase of \$412.50 to the welfare contribution per year per full-time member which shall take effect on October 1, 2027.

**NOTE 3. FAIR VALE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

**Level 1** - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.

**Level 2** - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2024 and 2023.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

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**NOTE 3. FAIR VALE MEASUREMENTS (continued)**

*Mutual funds:* Valued at the daily closing price as reported by the mutual funds. The mutual funds are registered with the Securities and Exchange Commission. The mutual funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds are deemed to be actively traded.

*Common stocks:* Valued at the closing price reported in the active market in which the individual common stock is traded.

*Money market fund:* Valued at the balance reported in the active market in which the individual fund is traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of June 30, 2024 and 2023:

|                            | <u>Asstes at Fair Value as of June 30,</u> |                     |
|----------------------------|--|---------------------|
|                            | <b>2024</b>                                | <b>2023</b>         |
|                            | <u>Level 1</u>                             |                     |
| Mutual funds - bonds       | \$ 670,500                                 | \$ 933,855          |
| Mutual funds - stocks      | 177,147                                    | 156,363             |
| Common Stocks              | 188,712                                    | 147,863             |
| Money market fund          | <u>29,045</u>                              | <u>10,240</u>       |
| Total assets at fair value | <u>\$ 1,065,404</u>                        | <u>\$ 1,248,321</u> |

**NOTE 4. ADMINISTRATIVE EXPENSES**

The Fund pays administrative expenses that consist primarily of administrative fees paid to the CSA Welfare Fund, third-party claims administrators, attorneys, actuaries, and accountants.

The Fund is administered by the administrator and staff of the CSA Welfare Fund through an agreement between the Trustees of the Fund and the Trustees of the CSA Welfare Fund. Under the terms of the agreement, the Fund reimburses the CSA Welfare Fund for its share of common administrative costs. Such charges were \$17,983 and \$17,532 for the years ended June 30, 2024 and 2023, respectively. These fees are recorded in management and general expenses in the accompanying statements of changes in net assets available for benefits and benefit obligations.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

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**NOTE 5. CONCENTRATION OF CREDIT RISK**

The Fund maintains its cash in bank deposit and money market accounts which at times, may exceed federally insured limits. Accounts in the United States are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At June 30, 2024 and 2023, the Fund had no assets in excess of FDIC limits. The Fund has not experienced any losses in such accounts.

Contributions from day care centers accounted for approximately 75% of total contributions for each of the years ended June 30, 2024 and 2023. Contributions from members, accounted for approximately 25% of total contributions for each of the years ended June 30, 2024 and 2023.

As discussed in Note 6, Alliance Bernstein is the custodian and investment advisor of the Fund's investments. The Fund had \$1,341,534 and \$1,743,942 invested with Alliance Bernstein at June 30, 2024 and 2023, respectively, consisting of the following investments: cash deposits, money market accounts, mutual funds and publicly-traded equities. Alliance Bernstein is a member of the Securities Investor Protection Corporation (SIPC). SIPC provides limited protection in the event of a brokerage firm's insolvency, covering up to \$500,000, including a maximum of \$250,000 for claims related to cash. At September 30, 2023 and 2022 the fund had \$848,000 and \$1,205,289 in excess of SIPC limits, respectively. The Fund has not experienced any losses in such accounts.

**NOTE 6. RELATED PARTY TRANSACTIONS**

Certain Fund assets were invested with and managed by Alliance Bernstein which is the investment advisor and custodian of the Fund's investments. As described in Note 1, 2, 3 and 4, the Fund has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.

The Fund also reimburses the CSA Welfare Fund for its share of common administrative costs; see Note 4. The balance due between the related parties can be classified as a receivable or payable at year-end because the estimated payments made are based on the allocated expense calculation as of September 30, 2024. This balance due between the funds is reported on the statement of net assets available for benefits.

**NOTE 7. RISKS AND UNCERTAINTIES**

**ACTUARIAL ESTIMATES AND ASSUMPTIONS**

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and member demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**INVESTMENT VALUATIONS**

The Fund invests in various securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023**

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**NOTE 8. TAX STATUS**

The VEBA trust established under the Fund, to hold the Fund's net assets, is qualified pursuant to Section 501 (c)(9) of the Internal Revenue Code (the "IRC") and, accordingly, the Trust's net investment income is exempt from income taxes. No federal or state income taxes have been recorded for the years ended June 30, 2024 and 2023 for unrelated business taxable income.

In addition, the Fund and Trust are required to operate in conformity with the IRC to maintain the tax- exempt status of the Trust. The fund administrator believes that the Fund is being operated in compliance with the applicable requirements of the IRC, and therefore believes that the related trust is tax-exempt.

U.S. GAAP requires fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Fund administrator believes the tax years 2021 to 2024 are still subject to tax examination.

**NOTE 9. RECLASSIFICATIONS**

Certain amounts in the June 30, 2023 financial statements have been reclassified to conform to the June 30, 2024 presentation.

**NOTE 10. RECONCILIATION TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Schedule H of Form 5500:

|  | <b>2024</b>         | <b>2023</b>         |
|--|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 1,451,609        | \$ 1,756,245        |
| Benefit obligation currently payable                           | <u>(23,805)</u>     | <u>(392,236)</u>    |
| Net assets available for benefits per Schedule H of Form 5500  | <u>\$ 1,427,804</u> | <u>\$ 1,364,009</u> |

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500 for the years ended June 30, 2024 and 2023:

|   | <b>2024</b>         | <b>2023</b>         |
|---|---------------------|---------------------|
| Benefits paid per the financial statements                    | \$ 2,800,367        | \$ 2,501,736        |
| Add: amounts currently payable at the end of the current year | 23,805              | 392,236             |
| Less: amounts currently payable at the beginning of the year  | <u>(392,236)</u>    | <u>(566,547)</u>    |
| Benefits paid per the Form 5500                               | <u>\$ 2,431,936</u> | <u>\$ 2,327,425</u> |

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
SCHEDULES OF BENEFIT COSTS  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

---

|   | <u>2024</u>         | <u>2023</u>         |
|---|---------------------|---------------------|
| <b>Premiums paid</b>                                |                     |                     |
| Health insurance                                    | \$ 2,714,936        | \$ 2,425,402        |
| Dental  | 4,158               | 4,784               |
| Life Insurance                                      | 1,903               | 1,986               |
| <b>Total premiums paid</b>                          | <u>\$ 2,720,997</u> | <u>\$ 2,432,172</u> |
| <b>Benefits paid to members and providers</b>       |                     |                     |
| Dental care   | \$ 40,301           | \$ 29,980           |
| Prescription drug reimbursements                    | 32,348              | 37,106              |
| Hearing aids  | -                   | 4                   |
| Supplemental major medical                          | 1,976               | 5,137               |
| Optical   | 4,745               | (2,663)             |
| <b>Total benefits paid to members and providers</b> | <u>\$ 79,370</u>    | <u>\$ 69,564</u>    |

See accompanying notes to the financial statements.

**DAY CARE COUNCIL/COUNCIL OF SUPERVISORS AND ADMINISTRATORS  
WELFARE FUND  
STATEMENT OF MANAGEMENT AND GENERAL EXPENSES  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

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|  | <u>2024</u>             | <u>2023</u>             |
|--|-------------------------|-------------------------|
| Administrative fees                          | \$ 17,983               | \$ 17,532               |
| Accounting fees                              | 27,850                  | 30,245                  |
| Legal fees                                   | 12,000                  | 12,000                  |
| Other benefit costs                          | 7,290                   | 8,390                   |
| Office and miscellaneous                     | 4,850                   | 3,180                   |
| PCORI fees                                   | 1,225                   | 1,085                   |
| Consultation fees                            | <u>5,152</u>            | <u>5,152</u>            |
| <b>Total management and general expenses</b> | <u><u>\$ 76,350</u></u> | <u><u>\$ 77,584</u></u> |

See accompanying notes to the financial statements.

**Day Care Council / Council of Supervisors and Administrators Welfare Fund**  
**EIN No.: 11-2504726, Plan No. 501**  
**Schedule H. Line 4i - Schedule of Assets Held at Year End**  
**Plan Year Ending: June 30, 2024**

| (a) | (b) Identity of issue, borrower, lessor, or similar party  | (c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost       | (e) Current Value |
|-----|--|--|----------------|-------------------|
|     | <b>Money Market Funds:</b>                                 |  |                |                   |
|     | SIGNATURE MONEY MARKET                                     | - shares   | \$ 29,045      | \$ 29,045         |
| *   | AB DISCOVERY GROWTH FUND - AD                              | 607 shares   | 8,045          | 7,384             |
| *   | AB DISCOVERY VALUE-ADV                                     | 421 shares   | 7,621          | 9,577             |
| *   | AB EMERGING MARKETS PORT [1]                               | 775 shares   | 20,149         | 21,969            |
| *   | AB INTERNATIONAL STRATEGIC EQUITIES PORTFOLIO - ADV CL [1] | 6,131 shares   | 64,460         | 80,863            |
| *   | AB SMALL CAP CORE PORTFOLIO ADV CL                         | 517 shares   | 5,217          | 6,592             |
| *   | ALLIANCEBERNSTEIN GLBL RE-II [1]                           | 5,282 shares   | 50,850         | 50,762            |
| *   | BERNSTEIN INTERMEDIATE DURATION PORTFOLIO                  | 60,127 shares  | 809,212        | 670,500           |
|     | Total Mutual Funds   |  | <u>965,554</u> | <u>847,647</u>    |
|     | <b>Common Stocks:</b>                                      |  |                |                   |
|     | ADOBE INC  | 4 shares   | 2,017          | 2,222             |
|     | ALPHABET INC-CL C  | 58 shares  | 5,281          | 10,638            |
|     | AMAZON.COM INC   | 38 shares  | 3,848          | 7,343             |
|     | AMERICAN ELECTRIC POWER                                    | 15 shares  | 1,140          | 1,316             |
|     | AMERICAN TOWER CORP  | 6 shares   | 1,306          | 1,166             |
|     | APPLE INC  | 41 shares  | 1,608          | 8,635             |
|     | BAKER HUGHES CO  | 50 shares  | 1,652          | 1,758             |
|     | BANK OF AMERICA CORP                                       | 61 shares  | 1,433          | 2,426             |
|     | BOOZ ALLEN HAMILTON HOLDINGS                               | 4 shares   | 327            | 616               |
|     | BROADCOM INC   | 2 shares   | 1,698          | 3,211             |
|     | CDW CORP/DE  | 5 shares   | 391            | 1,119             |
|     | CHEVRON CORP   | 8 shares   | 907            | 1,251             |
|     | COCA-COLA CO/THE   | 31 shares  | 1,714          | 1,973             |
|     | COMCAST CORP-CLASS A                                       | 47 shares  | 1,869          | 1,841             |
|     | CONSTELLATION BRANDS INC-A                                 | 6 shares   | 1,363          | 1,544             |
|     | CORTEVA  | 32 shares  | 1,684          | 1,726             |
|     | COSTCO WHOLESALE CORP                                      | 2 shares   | 558            | 1,700             |
|     | CSX CORP   | 73 shares  | 2,055          | 2,442             |
|     | EATON CORP PLC   | 10 shares  | 1,083          | 3,135             |
|     | EDWARDS LIFESCIENCES CORP                                  | 20 shares  | 1,546          | 1,847             |
|     | ELEVANCE HEALTH INC  | 5 shares   | 1,774          | 2,709             |
|     | EOG RESOURCES INC  | 18 shares  | 1,333          | 2,266             |
|     | GEN DIGITAL INC  | 41 shares  | 978            | 1,024             |
|     | GOLDMAN SACHS GROUP INC                                    | 6 shares   | 1,716          | 2,714             |
|     | HCA HEALTHCARE INC   | 5 shares   | 1,261          | 1,606             |
|     | HOME DEPOT INC   | 7 shares   | 1,572          | 2,410             |
|     | HONEYWELL INTERNATIONAL INC                                | 3 shares   | 643            | 641               |
|     | HYATT HOTELS CORP - CL A                                   | 8 shares   | 889            | 1,215             |
|     | ILLUMINA INC   | 6 shares   | 1,175          | 626               |
|     | IQVIA HOLDINGS INC   | 12 shares  | 2,334          | 2,537             |
|     | KLA CORP   | 2 shares   | 685            | 1,649             |
|     | LINDE PLC  | 4 shares   | 1,153          | 1,755             |
|     | LPL FINANCIAL HOLDINGS INC                                 | 3 shares   | 460            | 838               |
|     | LYONDELLBASELL INDU - CL A                                 | 18 shares  | 1,551          | 1,722             |
|     | MASTEC INC   | 9 shares   | 967            | 963               |
|     | MEDTRONIC PLC  | 29 shares  | 2,880          | 2,283             |
|     | META PLATFORMS INC-CLASS A                                 | 13 shares  | 3,031          | 6,555             |
|     | MICROSOFT CORP   | 38 shares  | 6,529          | 16,984            |
|     | NEXTERA ENERGY INC   | 27 shares  | 1,929          | 1,912             |
|     | NIKE INC -CL B   | 16 shares  | 1,250          | 1,206             |
|     | NVIDIA CORP  | 110 shares   | 1,146          | 13,589            |

See accompanying notes to the financial statements.

**Day Care Council / Council of Supervisors and Administrators Welfare Fund**  
**EIN No.: 11-2504726, Plan No. 501**  
**Schedule H. Line 4i - Schedule of Assets Held at Year End**  
**Plan Year Ending: June 30, 2024**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost            | (e) Current Value   |
|-----|---|--|---------------------|---------------------|
|     | NXP SEMICONDUCTORS NV                                     | 8 shares   | 1,121               | 2,153               |
|     | ORACLE CORP   | 28 shares  | 2,211               | 3,954               |
|     | OTIS WORLDWIDE CORP                                       | 18 shares  | 1,368               | 1,733               |
|     | PACCAR INC  | 23 shares  | 1,690               | 2,368               |
|     | PAYPAL HOLDINGS INC                                       | 13 shares  | 1,592               | 754                 |
|     | PROCTER & GAMBLE CO/THE                                   | 10 shares  | 1,388               | 1,649               |
|     | PROGRESSIVE CORP  | 19 shares  | 1,906               | 3,946               |
|     | PROLOGIS INC  | 16 shares  | 1,824               | 1,797               |
|     | QUALCOMM INC  | 8 shares   | 1,027               | 1,593               |
|     | REGENERON PHARMACEUTICALS                                 | 2 shares   | 1,063               | 2,102               |
|     | RESTAURANT BRANDS INTERN                                  | 21 shares  | 1,385               | 1,478               |
|     | ROCHE HOLDINGS LTD-SPONS ADR                              | 43 shares  | 1,894               | 1,491               |
|     | SCHWAB (CHARLES) CORP                                     | 32 shares  | 2,292               | 2,358               |
|     | SENSATA TECHNOLOGIES INC                                  | 15 shares  | 689                 | 561                 |
|     | SERVICENOW INC  | 2 shares   | 883                 | 1,573               |
|     | STELLANTIS NV   | 31 shares  | 606                 | 615                 |
|     | THERMO FISHER SCIENTIFIC INC                              | 3 shares   | 1,475               | 1,659               |
|     | T-MOBILE US INC   | 12 shares  | 1,532               | 2,114               |
|     | UNITEDHEALTH GROUP INC                                    | 11 shares  | 3,833               | 5,602               |
|     | VERTEX PHARMACEUTICALS INC                                | 6 shares   | 1,463               | 2,812               |
|     | VISA INC-CLASS A SHARES                                   | 24 shares  | 5,000               | 6,299               |
|     | WALMART INC   | 66 shares  | 2,480               | 4,469               |
|     | WALT DISNEY CO/THE  | 16 shares  | 1,695               | 1,589               |
|     | WALTERS CORP  | 4 shares   | 1,159               | 1,160               |
|     | WELLS FARGO & CO  | 53 shares  | 2,145               | 3,148               |
|     | WESTERN DIGITAL CORP                                      | 20 shares  | 1,354               | 1,515               |
|     | WILLIS TOWERS WATSON PLC                                  | 4 shares   | 867                 | 1,049               |
|     | WORKDAY INC-CLASS A                                       | 3 shares   | 670                 | 671                 |
|     | ZOETIS INC  | 8 shares   | 1,266               | 1,387               |
|     | Total Common Stocks                                       |  | <u>116,614</u>      | <u>188,712</u>      |
|     | TOTAL ASSETS  |  | <u>\$ 1,111,213</u> | <u>\$ 1,065,404</u> |

\* Indicates Party in Interest to the Plan

See accompanying notes to the financial statements.

**Day Care Council / Council of Supervisors and Administrators Welfare Fund**  
**EIN No.: 11-2504726, Plan No. 501**  
**Schedule H. Line 4i - Schedule of Assets Held at Year End**  
**Plan Year Ending: June 30, 2024**

| (a)                        | (b) Identity of issue, borrower, lessor, or similar party  | (c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost       | (e) Current Value |
|----------------------------|--|--|----------------|-------------------|
| <b>Money Market Funds:</b> |  |  |                |                   |
|                            | SIGNATURE MONEY MARKET                                     | - shares   | \$ 29,045      | \$ 29,045         |
| *                          | AB DISCOVERY GROWTH FUND - AD                              | 607 shares   | 8,045          | 7,384             |
| *                          | AB DISCOVERY VALUE-ADV                                     | 421 shares   | 7,621          | 9,577             |
| *                          | AB EMERGING MARKETS PORT [1]                               | 775 shares   | 20,149         | 21,969            |
| *                          | AB INTERNATIONAL STRATEGIC EQUITIES PORTFOLIO - ADV CL [1] | 6,131 shares   | 64,460         | 80,863            |
| *                          | AB SMALL CAP CORE PORTFOLIO ADV CL                         | 517 shares   | 5,217          | 6,592             |
| *                          | ALLIANCEBERNSTEIN GLBL RE-II [1]                           | 5,282 shares   | 50,850         | 50,762            |
| *                          | BERNSTEIN INTERMEDIATE DURATION PORTFOLIO                  | 60,127 shares  | 809,212        | 670,500           |
|                            | Total Mutual Funds   |  | <u>965,554</u> | <u>847,647</u>    |
| <b>Common Stocks:</b>      |  |  |                |                   |
|                            | ADOBE INC  | 4 shares   | 2,017          | 2,222             |
|                            | ALPHABET INC-CL C  | 58 shares  | 5,281          | 10,638            |
|                            | AMAZON.COM INC   | 38 shares  | 3,848          | 7,343             |
|                            | AMERICAN ELECTRIC POWER                                    | 15 shares  | 1,140          | 1,316             |
|                            | AMERICAN TOWER CORP  | 6 shares   | 1,306          | 1,166             |
|                            | APPLE INC  | 41 shares  | 1,608          | 8,635             |
|                            | BAKER HUGHES CO  | 50 shares  | 1,652          | 1,758             |
|                            | BANK OF AMERICA CORP                                       | 61 shares  | 1,433          | 2,426             |
|                            | BOOZ ALLEN HAMILTON HOLDINGS                               | 4 shares   | 327            | 616               |
|                            | BROADCOM INC   | 2 shares   | 1,698          | 3,211             |
|                            | CDW CORP/DE  | 5 shares   | 391            | 1,119             |
|                            | CHEVRON CORP   | 8 shares   | 907            | 1,251             |
|                            | COCA-COLA CO/THE   | 31 shares  | 1,714          | 1,973             |
|                            | COMCAST CORP-CLASS A                                       | 47 shares  | 1,869          | 1,841             |
|                            | CONSTELLATION BRANDS INC-A                                 | 6 shares   | 1,363          | 1,544             |
|                            | CORTEVA  | 32 shares  | 1,684          | 1,726             |
|                            | COSTCO WHOLESALE CORP                                      | 2 shares   | 558            | 1,700             |
|                            | CSX CORP   | 73 shares  | 2,055          | 2,442             |
|                            | EATON CORP PLC   | 10 shares  | 1,083          | 3,135             |
|                            | EDWARDS LIFESCIENCES CORP                                  | 20 shares  | 1,546          | 1,847             |
|                            | ELEVANCE HEALTH INC  | 5 shares   | 1,774          | 2,709             |
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|                            | HOME DEPOT INC   | 7 shares   | 1,572          | 2,410             |
|                            | HONEYWELL INTERNATIONAL INC                                | 3 shares   | 643            | 641               |
|                            | HYATT HOTELS CORP - CL A                                   | 8 shares   | 889            | 1,215             |
|                            | ILLUMINA INC   | 6 shares   | 1,175          | 626               |
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|                            | KLA CORP   | 2 shares   | 685            | 1,649             |
|                            | LINDE PLC  | 4 shares   | 1,153          | 1,755             |
|                            | LPL FINANCIAL HOLDINGS INC                                 | 3 shares   | 460            | 838               |
|                            | LYONDELLBASELL INDU - CL A                                 | 18 shares  | 1,551          | 1,722             |
|                            | MASTEC INC   | 9 shares   | 967            | 963               |
|                            | MEDTRONIC PLC  | 29 shares  | 2,880          | 2,283             |
|                            | META PLATFORMS INC-CLASS A                                 | 13 shares  | 3,031          | 6,555             |
|                            | MICROSOFT CORP   | 38 shares  | 6,529          | 16,984            |
|                            | NEXTERA ENERGY INC   | 27 shares  | 1,929          | 1,912             |
|                            | NIKE INC -CL B   | 16 shares  | 1,250          | 1,206             |
|                            | NVIDIA CORP  | 110 shares   | 1,146          | 13,589            |

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**Day Care Council / Council of Supervisors and Administrators Welfare Fund**  
**EIN No.: 11-2504726, Plan No. 501**  
**Schedule H. Line 4i - Schedule of Assets Held at Year End**  
**Plan Year Ending: June 30, 2024**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost            | (e) Current Value   |
|-----|---|--|---------------------|---------------------|
|     | NXP SEMICONDUCTORS NV                                     | 8 shares   | 1,121               | 2,153               |
|     | ORACLE CORP   | 28 shares  | 2,211               | 3,954               |
|     | OTIS WORLDWIDE CORP                                       | 18 shares  | 1,368               | 1,733               |
|     | PACCAR INC  | 23 shares  | 1,690               | 2,368               |
|     | PAYPAL HOLDINGS INC                                       | 13 shares  | 1,592               | 754                 |
|     | PROCTER & GAMBLE CO/THE                                   | 10 shares  | 1,388               | 1,649               |
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|     | PROLOGIS INC  | 16 shares  | 1,824               | 1,797               |
|     | QUALCOMM INC  | 8 shares   | 1,027               | 1,593               |
|     | REGENERON PHARMACEUTICALS                                 | 2 shares   | 1,063               | 2,102               |
|     | RESTAURANT BRANDS INTERN                                  | 21 shares  | 1,385               | 1,478               |
|     | ROCHE HOLDINGS LTD-SPONS ADR                              | 43 shares  | 1,894               | 1,491               |
|     | SCHWAB (CHARLES) CORP                                     | 32 shares  | 2,292               | 2,358               |
|     | SENSATA TECHNOLOGIES INC                                  | 15 shares  | 689                 | 561                 |
|     | SERVICENOW INC  | 2 shares   | 883                 | 1,573               |
|     | STELLANTIS NV   | 31 shares  | 606                 | 615                 |
|     | THERMO FISHER SCIENTIFIC INC                              | 3 shares   | 1,475               | 1,659               |
|     | T-MOBILE US INC   | 12 shares  | 1,532               | 2,114               |
|     | UNITEDHEALTH GROUP INC                                    | 11 shares  | 3,833               | 5,602               |
|     | VERTEX PHARMACEUTICALS INC                                | 6 shares   | 1,463               | 2,812               |
|     | VISA INC-CLASS A SHARES                                   | 24 shares  | 5,000               | 6,299               |
|     | WALMART INC   | 66 shares  | 2,480               | 4,469               |
|     | WALT DISNEY CO/THE  | 16 shares  | 1,695               | 1,589               |
|     | WALTERS CORP  | 4 shares   | 1,159               | 1,160               |
|     | WELLS FARGO & CO  | 53 shares  | 2,145               | 3,148               |
|     | WESTERN DIGITAL CORP                                      | 20 shares  | 1,354               | 1,515               |
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|     | WORKDAY INC-CLASS A                                       | 3 shares   | 670                 | 671                 |
|     | ZOETIS INC  | 8 shares   | 1,266               | 1,387               |
|     | Total Common Stocks                                       |  | <u>116,614</u>      | <u>188,712</u>      |
|     | TOTAL ASSETS  |  | <u>\$ 1,111,213</u> | <u>\$ 1,065,404</u> |

\* Indicates Party in Interest to the Plan

See accompanying notes to the financial statements.